WASHINGTON STATE DEPARTMENT OF LICENSING

Bail Bond Agent License Application

[redacted]

29917-APPLICATIONS

Apply online: https://professions.dol.wa.gov

Or mail this completed form with a check or money order, payable to the Department of Licensing, to:

Bail Bonds Program
Department of Licensing
PO Box 35001
Seattle, WA 98124-3401

For questions or language help call 360-664-1809

Fees

☐ Original–**$540**
☐ Association fee–**$25**

Licenses are available for self-printing with an online account.
If you want us to print and mail your license add a $5 print fee for each copy to your payment.

☐ $0 self-print license online.
☐ $5 each. DOL print and mail license. Quantity _____ Total $ _____

Applicant information

TYPE OR PRINT Name as you would like it to appear on your license		Date of birth (mm/dd/yyyy)
Full legal name (First, Middle, Last)		
Residence address		
City	State	ZIP code
10-digit phone number	Social Security number*	

Answer the following

1. Do you have an active Surety Producer License issued through the Office of Insurance Commissioner with all affiliations up to date? . . . . . ☐ Yes ☐ No
2. Which type of bonds will you be posting? . . . . . ☐ Surety ☐ Property

   If property: Provide the names of each court that has given approval for the placing of property bonds only. If you need more room, attach a separate sheet or form.

_____

_____

_____

_____

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Continued on next page.

Applicant information *(continued)*

Military? (check if applicable)

Current or former: ☐ Military member ☐ Military spouse or domestic partner

For Service members and their spouses: When a Service member and their spouse must move due to Military orders, Washington state may recognize their current license or certificate if they provide the following:

1. A copy of the military orders with this application;
2. A license that is in good standing in all states where the individual held their license before.
   a. During application review, DOL may request an original Certification of Licensure or Letter of Good Standing from each state.
   b. There may be continuing education requirements needed for DOL to recognize the license.
3. Complete the following table if you hold a license issued by any state (excluding Washington).

State	License Number	Expiration Date

To qualify for licensure (Check one)

☐ I have completed the required 12 hours of prelicense training for my Bail Bond Agent license.

☐ I am requesting to take the written state exam.

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . . ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . . ☐ Yes ☐ No

By completing this application, you authorize any business associates (past and present) and any government agencies (local, state or federal) to release any information, files, or records which may be required for a background investigation to the Department of Licensing.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

Date and place (city or county) signed

X **Applicant, sign here**

Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

Continued on next page.

Employer information–**To be completed by employer**

Business name		Company license number		Company license expiration date
Business address (Street address as it appears on the license)				
City		State	ZIP code	County
10-digit business phone number	Email			

Certification

I certify under penalty of perjury under the law of Washington, that the named applicant has successfully completed the required training as outlined in the laws and rules in the state of Washington.

TYPE or PRINT Name of representative of the employer

X **Employer representative, sign here**

Date and place (city or county) signed

Signature of representative of the employer